DRAFT

Centers for Medicare and Medicaid Services

HCPCS Public Meeting Agenda for
JUNE 8, 2005
ORTHOTICS AND PROSTHETICS
(DAY 2)

Please note that this agenda contains preliminary decisions and do not necessarily reflect what the final decisions will be. Preliminary decisions provide a basis for comment at public meetings. All coding changes, when finalized will be published by mid November on the CMS HCPCS website at www.cms.hhs.gov/medicare/hcpcs, and effective January 1, 2006 unless otherwise noted in the HCPCS Annual Update or on a Quarterly Update.

The agenda includes a summary of each HCPCS code application on the agenda. The information provided in each summary reflects claims made by the applicant and should not be construed as a statement of fact or an endorsement by the federal government.

Each meeting day will begin at 9 a.m. and is scheduled to end at 5 p.m., E.S.T. However, because it is impossible to anticipate whether all presentations will fill their allotted time period (e.g. 15 minutes for Primary Speakers; or 5 minutes for "5-Minute Speakers"), we cannot commit specific items to specific time frames, and we can only estimate the amount of meeting time that will be needed. Meetings may end earlier than 5:00 p.m. Meeting participants should arrive early and plan on the meeting

commencing promptly at 9:00 a.m., and speakers are asked to please arrive prepared and wait until it is their turn to speak.

Meeting Agenda Item #1
June 8, 2005
HCPCS Request #05.63A&B

Background/Discussion:

Linda Sherburne of Breg, Inc. submitted a request to: A) Establish a code for a knee brace, trade name: Breg's X2K Custom Counterforce Plus and B) establish a code for a knee brace, trade name: Breg's X2K OA. The requester claims that, "While there are HCPCS codes that identify "with or without" varus/valgus adjustment, (single upright); no base code exists that appropriately identifies the double upright product." According to the requester, Breg's X2K knee braces are used for unicompartmental osteoarthritis, degenerative joint disease, ACL with Associated condral defect, post-op high tibal osteotomy, articular defect and/or repair, and osteochondral grafting and etc. Breg's X2K Custom Counterforce Plus is a custom fabricated functional knee brace that addresses not only the pain associated with unicompartmental osteoarthritis, but also the stability needs of the beneficiary. Breg's X2K OA is a prefabricated functional knee brace that addresses pain associated with unicompartmental osteoarthritis, and the stability needs of the beneficiary. These braces affect the varus/valgus movement, at the knee, which helps to reduce pain and restore normal function. In order to relieve pain in the affected compartment, the diamond shape ensures rigidity to the frame allowing the application of a positive varus or valgus load from the unaffected side. Breg's X2K offers double upright aluminum frames, adjustability of load, 2 polycentric joints, 5 numbered straps and strap pads, medical grade silicone added to the strap pads, enlarged tibial frame pad and thigh frame pad.

CMS HCPCS Workgroup preliminary decision:

#05.63A
Revise L1846 to read: Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated.

The products that are the subject of this request will be adequately described by double upright knee orthosis code L1846, when the code is revised to include the words "WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT", effective January 1, 2006. Use revised L1846.

#05.63B
Revise code L1845 to read: Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment.

The product that is the subject of this request will be adequately described by double upright knee orthosis code L1845, when the code is revised to include the words "WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT", effective January 1, 2006. Use revised L1845.

Meeting Agenda Item #2
June 8, 2005
HCPCS Request #05.67

Background/Discussion:
Darlene Sassi of Sassi Pacer, Inc. submitted a request to establish a code for an outer support system, trade name: Sassi Pacer Drop Foot Support System. The requester claims there is currently no code to fully describe the Sassi Pacer. According to the requester, the Sassi Pacer gives anyone with drop foot the opportunity to walk with a more normal gait more comfortably. Every component of the Sassi Pacer is soft and pliable. It moves naturally with all joints, muscles, and ligaments. Sassi Pacer is easily worn, and the soft cotton and flannel lined ankle band draws in the soft rubber tubing without interfering with the tension needed to support the foot allowing the patient to wear slacks. The Sassi pacer is machine-washable and easily placed on or taken off simply by pulling two Velcro tabs and unhooking one clip. The Pacer is a deterrent of atrophy by allowing 100% range of movement of all muscles, joints and ligaments at all times, enabling a patient to achieve their maximum recovery status. It also stops the ankle from locking up from lack of movement that is common with current ankle foot orthoses. With the Pacer, pressure sores and chaffing are nearly eliminated.

CMS HCPCS Workgroup preliminary decision:
No new code.

No payer identified a national program operating need to alter the existing code set to identify the item that is the subject of this request. This product does not meet Medicare's definition of a brace and this item does not meet the criteria of any Medicare Benefit Category. Also your reported sales volume was insufficient to support your request for a revision to the national codes. There must be sufficient claims activity or volume, as evidenced by 3 months of marketing activity for non-drug products, so that the adding of a new or modified code enhances the efficiency of the system and justifies the administrative burden of adding or modifying a code. For Medicare, use existing code A9270 "NON-COVERED ITEM OR SERVICE". It is inappropriate to use code E1399 for Medicare. For private sector health insurance systems, please contact the individual private insurance contractor. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed.

Meeting Agenda Item #3
June 8, 2005
HCPCS Request #05.95 A&B

Background/Discussion:
Jeffrey Alaimo of ACOR Orthopedic, Inc. submitted a request to A) Establish a code for a fabric lining as an add-on to prefabricated orthotics and therapeutic footwear, trade name: X-Static and B) Establish a code for an add-on to custom fabricated orthotics, prosthetics, and therapeutic footwear, trade name: X-Static. According to the requester, X-Static is a polyester material with a layer of pure silver permanently bonded to its threads. It is used as an add-on liner for orthotic devices, prosthetic devices and therapeutic footwear. X-static also provides an interface on the device that is next to the patient's skin. X-Static inherits all the natural attributes of pure silver thus providing users with a broad spectrum antimicrobial, all natural, anti-odor, and thermodynamic footwear that are comfortable, bacteria free, and odor-free.

CMS HCPCS Workgroup decision preliminary decision: To use existing HCPCS codes for soft interface materials when not already included in the base code.

Existing codes for fabric liners adequately describe a category of items which are functionally similar to the items in these coding requests. There are no significant therapeutic distinctions between the category of items described in this code and the items in the coding request. According to the FDA, silver is not an antimicrobial substance. There is no medical evidence supporting a difference in outcomes based on the types of materials used to make this product. No payer has identified a national program operating need to alter the existing code set to uniquely define the specific materials that are the subject of this request. When soft interface material is included in the base code, it should not be separately coded or billed. Use existing codes for soft interface material only when the interface material is not included in the base code.

Meeting Agenda Item #4
June 8, 2005
HCPCS Request #05.96

Background/Discussion:
James Campbell of Becker Orthopedic submitted a reconsideration request to establish a code for an E-Knee, Trade Name: Becker 9001 E-Knee, with applicant's recommendation for language as follows: "Addition to custom made lower limb orthosis, stance control knee joint mechanism that is automatically engaged during stance phase and disengaged during swing phase, electronically activated." According to the requester, the Becker 9001 E-Knee is an electrically-controlled knee component, with associated hardware, that must be incorporated into a custom-made lower limb orthosis for patient use. The mechanical knee joint provides a lock against flexion that can be disengaged when appropriate but always permit free extension. The 9001 E-Knee is indicated for patients with quadriceps weakness or paralysis, or with similar pathologic conditions that preclude active neuromuscular control of knee stability.

CMS HCPCS Workgroup preliminary decision: To use existing code L9900 orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code.

This knee joint is not separately payable as it must be incorporated into a custom KAFO - which is identified by existing code L2005 knee, ankle, foot orthosis, any material, single or double upright, stance control. If the knee joint is separately identified, L9900 should be used.

Meeting Agenda Item #5
June 8, 2005
HCPCS Request #05.97

Background/Discussion:
Tom Traver of Swede-O Inc. submitted a request to establish a code for an Ankle Foot Orthotic, Trade Name: Thermoskin Plantar FXT. According to the requester, the Thermoskin Plantar FXT is used for the treatment of Plantar Fasciitis and/or ankle flexion contracture. It is an alternative to the typical rigid, bulky night splint. It gently pulls the toes back slightly to stretch the Plantar Fascia so it may heal. Due to the low profile of the Plantar FXT, it is also possible to wear a knee orthosis at the same time. The Plantar FXT may also be worn during the day (while seated) to provide longer treatment times. The product is made of a durable fabric with Trioxon lining, a Velcro strap is used to adjust the fit of the AFO around the ankle. A tension strap (Velcro strap) functions as a lever to maintain foot position and to provide plantar surface support and prevent plantar flexion. This strap can be adjusted to provide different levels of tension. The Trioxon lining creates a micro-climate that maintains an elevated skin temperature while still allowing the skin to ventilate. This climate allows heat therapy to be used on the muscles as they are stretched. The spiral structure of the Trioxon lining wicks moisture away from the skin and traps air within the lining to prevent excessive perspiration.

CMS HCPCS Workgroup preliminary decision: No new code.

There is currently no national program operating need on the part of any insurer (Medicare, Medicaid, Private Insurers), to alter the existing code set to describe this item. This product does not meet Medicare's definition of a brace and it does not fit into a Medicare benefit category. For Medicare, use existing code A9270 non-covered item or service. For guidance regarding appropriate coding for private sector health insurance systems, please contact the individual private insurance contractor. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed.

Meeting Agenda Item #6
June 8, 2005
Request #05.100

Background/Discussion:
Karen Bonn of Restorative Medical, Inc. submitted a request to establish codes to identify HyperHand™ devices HyperHand Solid Thumb; HyperHand Padded Thumb; Ulnar Drift (UD) HyperHand Solid Thumb; and UD HyperHand Padded Thumb; and component parts of these devices, either as a kit or as separate devices. According to the requester, the base device of the HyperHand™ designed and manufactured by Restorative Medical, Inc. (RMI) is heat moldable Kydex®. It is not only heat moldable, but holds its shape after it cools while providing the FLEX properties to work with neurological tone. This device also provides the prolonged low load passive stretch required to treat adaptive tissue shortening. It is to be reheated and remolded as the patient progresses to allow continual gradual progress toward normal alignment. It can be washed off with soap and warm water.

CMS HCPCS Workgroup preliminary decision: To use existing code L3807 wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type.

An existing code, L3807, adequately describes a category of items which are functionally similar to the items in this coding request. There are no significant therapeutic distinctions between the category of items described in this code and the items in the coding request. The existing code includes fitting and adjustment. There is currently no national program operating need on the part of any payer to alter the existing code set to describe these items. Heating and bending these devices does not constitute custom fabrication. These devices are prefabricated, use of code L1805, or separately listing components is not appropriate.

Meeting Agenda Item #7
June 8, 2005
HCPCS Request #05.101

Background/Discussion:
Gary Horton of Horton Technology Inc. has submitted a request to establish a new add-on L code, applicant suggestion: L238X (Addition to custom fabricated lower limb orthoses or prosthesis, stance control knee joint mechanism that is automatically engaged during stance phase and disengaged during swing phase, mechanically activated), to describe the Horton's Stance Control Orthotic Knee™ Joint System or SCOKJ® System. The applicant also suggests that their proposed language could also apply to the Becker e-knee, however the applicant states that the e-knee microprocessor controlled electronic actuation should have its own unique addition code. An application was not submitted for such code. Horton SCOKJ System consists of mechanical knee joints and associated actuation hardware that must be incorporated into a custom fabricated orthoses or prosthesis to provide knee stability during weight bearing when the patient is unable to do so due to a physical disability.

CMS HCPCS Workgroup preliminary decision:
1) Use existing code L2005 (knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated) to bill for the entire KAFO, including the item that is the subject of this request.
2) Use existing code L5999 (lower extremity prosthesis, not otherwise specified) only when this item is used as a prosthetic.

An existing code, L2005, adequately describes a category of items which are functionally similar to the item in this coding request. There are no significant therapeutic distinctions between the category of items described in this code and the item in the coding request. L2005 encompasses the total product as a KAFO. Although the requestor makes the joint separately, only the final/complete KAFO should be billed, and L2005 is the appropriate code. For Medicare, use code L5999 only when this item is used as a prosthetic.

Meeting Agenda Item #8
June 8, 2005
HCPCS Request #05.108

Background/Discussion:
Kaia Ann Halvorson of Hanger Prosthetics and Orthotics and Hanger Orthopedic Group Inc., submitted a request to establish a code for custom molded/designed total contact burn mask/orthosis also referred to as a Transparent Facial Orthosis TFO, Transparent Face Neck Orthosis TFNO, or Transparent Neck Orthosis TNO. According to the requester, TFOs, TFNOs, TNOs and custom molded burn masks are made from durable clear plastic materials that can withstand repeated use; material examples include surlyn or vicac. Patients typically wear these orthosis for 12-30 months with no negative performance or durability issues. Patients may use the same orthosis for the entire treatment regimen, however if there are anatomical changes that cannot be accommodated with the current orthosis a second orthosis may be indicated.

CMS HCPCS Workgroup preliminary decision: To establish a new "A: code.

A???? Compression burn mask, face and/or neck, plastic or equal, custom fabricated.

Use newly established A???? to describe the items that are the subject of this request.

Meeting Agenda Item #9
June 8, 2005
HCPCS Request #05.111

Background/Discussion:

Jason Bradshaw of Scott Orthotic Labs, Inc. submitted a request to establish a unique code for the Zero-G Suspension Unweighting Orthotic Walker. Following a National Panel decision based on prior request #04.267; the SADMERC assigned this product to existing code L4386 WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT for the purpose of billing Medicare. The applicant claims the Zero-G Suspension Unweighting Orthotic Walker should be differentiated from other products coded in the L4386 category because this product provides suspension, unweights the foot and ankle, and relieves plantar surface pressure whereas a "standard walker" does not provide suspension. The Walker incorporates a supple but strong leather lacer calf corset with lace and Velcro closures. This design provides for a completely adjustable/total contact hydrostatic lift of the inverted cone shape of the calf. The rigid plastic rocker sole and malleable metal uprights provide a strong stable substructure in order to transfer the weight from the ground to the calf and not the foot and ankle. The unique design allows for repeatability in the donning process to insure proper unweighting every time it is fit. This also allows the doctor to easily check the patient at their regular office visits. The Zero-G has two main components; the Walker base, which includes the foot insure with ¼" Plastozote and 1" memory foam, donning pad, and protective foot cover. And the leather calf lacer which includes the laces, straps and one pair of SmartKnit Diabetic over the calf socks. These two components are sized according to measurements.

CMS HCPCS Workgroup preliminary decision: No new code.

If the item is used for unloading, the product is not covered by Medicare. In this case, A9270 (non-covered item or service) should be used for Medicare billing. When the item is used as a brace, it is functionally the same as the products in code L4386 (walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment). There are no significant therapeutic distinctions between the category of items described in this code and the item in the coding request. When used as a brace, code L4386 should be used for Medicare billing. Other payers should be contacted for appropriate coding information. For private sector health insurance systems, please contact the individual private insurance contractor. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed

Meeting Agenda Item #10
June 8, 2005
HCPCS Request #05.112

Background/Discussion:

Greg Huckert of Townsend Design submitted a request to modify the descriptors of existing codes L1843 KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT and L1844 KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED to include double upright knee braces. According to the requester, there are no specific base codes that describe double upright custom or prefabricated OA unloader type knee braces. The Townsend Reliever Series OA knee braces consist of double uprights and dual hinges, with thigh and calf bands. The knee joints will permit changes in flexion, extension, and varus/valgus alignment. These custom and prefabricated OA knee braces are designed to reduce load and maintain normal leg alignment for patient's requiring treatment for unicompartment OA of the knee joint. The knee braces provide medial-lateral support and rotation control, and also allow for adjustments to the corrective force applied by the brace. These braces are effective in reducing pain by decreasing the load on the compromised compartment. In addition to minimizing pain, the braces reduce wear and tear on the knee and slow down the progression of degeneration of the bony surfaces of the joint.

CMS HCPCS Workgroup preliminary decision: Revise codes L1845 and L1846, (which already describe double upright knee orthoses), to add the language "with or without varus/valgus adjustment". Revised codes will read as follows: L1845 (knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment) and L1846 (knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated).

Use revised codes L1845 and L1846.

Meeting Agenda Item #11
June 8, 2005
HCPCS Request #05.71

Background/Discussion:

Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for an elbow orthosis (EO), static, custom-fabricated. According to the requester, the EO, static, custom fabricated is a rigid circumferential, dorsal or volar framed orthosis with soft straps and closures for the arm, elbow and forearm initiating proximal to the elbow joint, crossing the elbow joint, secured along the arm and forearm and extends to, but does not cross the wrist. Statically stabilizes and may limit motion of the elbow. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the EO, static, custom fabricated is used to protect medical conditions of the elbow, distal humerus, humeroulnar joint, proximal radioulnar joint and/or proximal end and shafts of the radius and ulna during the healing process or reduce contractures and stiffness of these structures.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #12
June 8, 2005
HCPCS Request #05.72

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Orthosis (SO), static, custom-fabricated. According to the requester, the SO, static, custom fabricated is a rigid circumferential, dorsal or volar framed orthosis with soft straps and closures for the shoulder initiating proximal to the glenohumeral joint, crossing the glenohumeral joint, secured along the humerus and extends to, but does not cross the elbow. Statically stabilizes or limits motion of the shoulder. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SO, static, custom fabricated is used to protect medical conditions of the shoulder during the healing process and/or to prevent contractures and stiffness of the shoulder.

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

L???? Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #13
June 8, 2005
HCPCS Request #05.73

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Orthosis (SO), dynamic, custom-fabricated. According to the requester, the SO, dynamic, custom fabricated is a rigid circumferential, dorsal or volar framed orthosis with soft straps and closures for the shoulder initiating proximal to the glenohumeral joint, crossing the glenohumeral joint, secured along the humerus and extends to, but does not cross the elbow. Statically stabilizes the shoulder and uses a dynamic (static progressive) component (springs rubber bands, hinges, turn keys or static progressive pull) at the shoulder. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SO, dynamic, custom fabricated is used to protect medical conditions of the shoulder during the healing process or reduce contractures and stiffness of the shoulder.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/ turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #14
June 8, 2005
HCPCS Request #05.74

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Elbow Wrist Hand Orthosis (SEWHO), static, custom-fabricated. According to the requester, the SEWHO, static is a rigid anterior or posterior framed orthosis with soft straps and closures initiating proximal to the glenohumeral joint and axillary region, extending through the upper arm, crossing the elbow and wrist joints. Statically stabilizes and/or limits motion of the shoulder, elbow, wrist and hand. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SEWHO, static, custom fabricated is used to protect medical conditions of the shoulder, elbow, wrist and hand during the healing process and/or reduce contractures and stiffness of the shoulder, elbow, wrist and hand.

CMS HCPCS Workgroup preliminary decision: To establish four new "L" codes.

L???? Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

To discontinue L3963 shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist with articulating elbow joint, custom-fabricated.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #15
June 8, 2005
HCPCS Request #05.75

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Elbow Wrist Hand Finger Orthosis (SEWHFO), static, custom-fabricated. According to the requester, the SEWHFO, static, custom fabricated is a rigid anterior or posterior framed orthosis with soft straps and closures initiating proximal to the glenohumeral joint and axillary region, extending through the upper arm, crossing the elbow, wrists and hand joints including the finger(s). Statically stabilizes and may limit motion of the shoulder, elbow, wrist, hand and/or finger(s). The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SEWHFO, static, custom fabricated is used to protect medical conditions of the shoulder, elbow, wrist, hand and finger(s) during the healing process and/or reduce contractures and stiffness of the shoulder, elbow, wrist, hand and finger(s).

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #16
June 8, 2005
HCPCS Request #05.76

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Elbow Wrist Hand Finger Orthosis (SEWHFO), dynamic, custom-fabricated. According to the requester, the SEWHFO, dynamic is a rigid anterior or posterior framed orthosis with soft straps and closures initiating proximal to the glenohumeral joint and axillary region, extending through the upper arm, crossing the elbow, wrists and hand joints including the finger(s). Statically stabilizes one or more joints while using a dynamic (static progressive) component (springs, rubber bands, hinges, turn keys or static progressive pull) to apply a dynamic force to one or more joints. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SEWHFO, dynamic, custom fabricated is used to protect medical conditions of the shoulder, elbow, wrist, hand and finger(s) during the healing process and/or reduce contractures and stiffness of the shoulder, elbow, wrist, hand and finger(s).

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

L???? Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #17
June 8, 2005
HCPCS Request #05.77

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an elbow wrist hand orthosis, Trade Name: Elbow wrist hand orthosis (EWHO), static custom-fabricated. According to the requester, the EWHO-static is a rigid anterior or posterior framed orthosis with soft straps and wrist joints. The orthosis statically stabilizes the elbow and wrist, but does not cross the metacarpal joints of the digits. It is custom-fabricated, including fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. It is used to protect medical conditions of the elbow and wrist during the healing process. These types of orthoses have been custom fabricated since the 1930's.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow, wrist hand finger orthosis, rigid, without joints, may include soft interface material, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #18
June 8, 2005
HCPCS Request #05.78

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an elbow wrist hand orthosis (EWHO), dynamic, custom-fabricated, Trade Name: Elbow wrist hand orthosis (EWHO), dynamic, custom-fabricated. According to the requestor, EWHO-dynamic, is a rigid anterior or posterior framed orthosis with soft straps and closures initiating distal to the axillary area, crossing the elbow and wrist joints. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It is used to protect medical conditions of the elbow and wrist during the healing process or reduce contractures and stiffness of the forearm.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #19
June 8, 2005
HCPCS Request #05.79

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an elbow wrist hand finger orthosis (EWHFO), static, custom-fabricated, Trade Name: same. According to the requestor, EWHFO-static, is a rigid anterior or posterior framed orthosis with soft straps and closures initiating distal to the axillary area, crossing the elbow, wrist and metacarpal phalengeal joints. The orthosis is custom fabricated, and includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for the patient's changing anatomical, medical and post surgical needs. It is used to protect medical conditions of the elbow, wrist and hand during the healing process and/or to prevent contractures and stiffness of the elbow, forearm, wrist or hand.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow, wrist hand finger orthosis, rigid, without joints, may include soft interface material, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #20
June 8, 2005
HCPCS Request #05.80

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an Elbow Wrist Hand Finger Orthosis (EWHFO), dynamic, custom-fabricated. According to the requestor, EWHFO-dynamic is a rigid anterior or posterior framed orthosis with soft straps and closures initiating distal to the axillary area, crossing the elbow, wrist and metacarpal phalengeal joints. The orthosis is custom-fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical and post surgical needs. It is used to protect medical conditions of the elbow, wrist, and hand during the healing process and/or to reduce contractures and stiffness of the elbow, forearm, wrist, or hand. These may include but are not limited to multiple system injures to bone or soft tissue which includes distal humerus or proximal radius/ulna fractures and/or damage to nerve, tendon, or muscle of the forearm due to trauma or compression to these systems. The dynamic component can be used to allow for early protected motion while these structures are healing to assist in the prevention of adhesions and contractures, can work to reduce contractures that have developed, or can substitute for loss musculature.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #21
June 8, 2005
HCPCS Request #05.81

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for a Wrist Hand Orthosis (WHO), dynamic, custom-fabricated. According to the requestor, WHO-dynamic is a rigid dorsal or volar framed orthosis with soft strap material and closures initiating approximately three inches distal to elbow, crossing the wrist joint. The orthosis is custom-fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. It is used to increase mobility or protect structures by limiting mobility secondary to medical conditions affecting the wrist during the healing process. These may include but are not limited to distal radius/ulna/carpal fractures, carpal ligament tears/repairs, wrist flexor/extensor injuries/repairs, burns, skin grafts, and ganglion cyst removal.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Revise L3906 to read: Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #22
June 8, 2005
HCPCS Request #05.82

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request establish a code for a Hand Orthosis (HO), static, custom-fabricated. According to the requester, the hand orthosis is a static, rigid anterior and/or posterior framed orthosis with soft straps and closures in the hand area. The orthosis is limited to the hand area and does not cross the metacarpal joints of the digits or the wrist joint. This orthosis is custom fabricated, includes fitting, training, and size and position modifications, but does not include modifications that include additional material for patient's specific anatomical, medical, and post surgical needs. The Hand orthosis static is used to protect medical conditions of the hand or carpal metacarpal joint of the thumb during the healing process or to reduce pain. These may include but are not limited to injuries to bone, degenerative joint disease, or soft tissue trauma. While there may be current prefabricated orthoses available, the custom-fabricated is individually designed and fitted to the patient due to an injury or medical condition.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #23
June 8, 2005
HCPCS Request #05.83

Background/Discussion:

Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Hand Finger Orthosis (HFO), static, custom fabricated. According to the requester, this hand finger orthosis is a static, rigid anterior and/or posterior framed orthosis with soft straps and closures in the hand and finger area, crossing the metacarpal joints. The orthosis is limited to the hand and digits and does not cross the wrist joint. It is custom fabricated, includes fitting, training, and size and position modifications, but does not include modifications that include additional material for patient's specific anatomical, medical, and post surgical needs. The hand finger orthosis-static is used to protect medical conditions of the hand and digits during the healing process, reduce pain, or position to prevent joint derangement. These may include but are not limited to, multiple system injuries to bone, nerve, artery, tendon, degenerative joint disease, or soft tissue trauma. This orthosis is custom fabricated as the patient will be required to wear it for typically a minimum of three weeks and must contour to specific personal anatomy in order to support the injured/inflamed area, prevent the shifting of the fracture site, realignment of deranged joints, and/or prevent skin breakdown. While there may be current prefabricated orthoses available, the custom-fabricated is individually designed and fitted to the patient due to an injury or medical condition.

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

L???? Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #24
June 8, 2005
HCPCS Request #05.84

Background/Discussion:

Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Hand Finger Orthosis (HFO), dynamic custom-fabricated. According to the requester, this hand finger orthosis is a dynamic, rigid volar, dorsal, radially or ulnarly contoured orthosis with soft straps and closures. This orthosis may initiate at the base of the hand and can extend to the middle or distal digital crease(s) or to the tip of the finger(s)/thumb depending upon diagnosis. The orthosis will have a dynamic (static progressive) component (springs, rubber-bands, hinges, turn keys or static progressive pull) for one or a combination of the metacarpal, proximal, or distal interphalangeal joints. The hand finger orthosis is used to protect medical conditions of the hand/finger/thumb during the healing process or to reduce contractures and stiffness of the hand/finger/thumb. These may include but are not limited to, multiple system injuries to bone of the hand/fingers (fracture) and/or nerve, ligament, tendons or muscles of the hand/fingers due to trauma or compression to these systems. The dynamic component will allow early protected motion while these structures are healing in order to prevent adhesions and contractures. The orthosis is custom fabricated and it must contour to specific personal anatomy in order to prevent damage from soft tissue breakdown and provide rest and balance to the involved tissues.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #25
June 8, 2005
HCPCS Request #05.85

Background/Discussion:

Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Finger Orthosis (FO), static, custom-fabricated. According to the requester, this finger orthosis is a static, rigid volar or dorsal contoured orthosis with soft straps and closures. This orthosis may initiate at the proximal or middle digital crease and will extend to the distal digital crease or to the tip of the finger/thumb depending upon diagnosis. The static finger orthosis is used specifically to protect medical conditions of the finger/thumb during the healing process. These may include but are not limited to multiple system injuries to bone of the proximal, middle, or distal phalanges (fracture) and/or nerve, ligament, or tendons of the finger due to trauma or compression to these systems. This static orthosis is applied to protect a joint(s) during the healing process and protect the soft tissue components which anatomically cross the joint(s). The orthosis is custom fabricated and must contour to specific personal anatomy in order to prevent damage from soft tissue breakdown and provide rest and balance to the involved tissues.

CMS HCPCS Workgroup preliminary decision: To use existing code L3934 finger orthosis, safety pin, modified, prefabricated, includes fitting and adjustment.

The need for finger orthoses can be easily met with prefabricated devices, which are equally as effective as custom devices. No payer identified a national program operating need for codes for custom finger othrotics. Use existing code L3934.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Meeting Agenda Item #26
June 8, 2005
HCPCS Request #05.86

Background/Discussion:

Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Finger Orthosis (FO), dynamic, custom-fabricated. According to the requester, this finger orthosis is a dynamic, rigid volar or dorsal contoured orthosis with soft straps and closures. This orthosis may initiate at the proximal or middle digital crease and will extend to the distal digital crease or to the tip of the finger/thumb depending upon diagnosis. The dynamic finger orthosis will have a dynamic (static progressive) component (springs, rubber-bands, hinges, turn keys or static progressive pull) at the distal phalangeal joint, proximal phalangeal joint, or both. This orthosis is custom fabricated, includes fitting, training, and size and position modifications. Dynamic finger orthoses are used specifically to protect medical conditions of the finger/thumb during the healing process or to reduce contractures and stiffness of the finger/thumb. These may include, but are not limited, to multiple system injuries to bone of the proximal, middle, or distal phalanges (fracture) and/or nerve, ligament, or tendons of the finger due to trauma or compression to these systems. The dynamic component will allow early protected motion while these structures are healing in order to prevent adhesions and contractures. This orthosis is custom fabricated and must contour to specific personal anatomy in order to prevent damage from soft tissue breakdown and provide rest and balance to the involved tissues.

CMS HCPCS Workgroup preliminary decision: To use existing code L3932 finger orthosis, safety pin, spring wire, prefabricated, includes fitting and adjustment.

The need for finger orthoses can be easily met with prefabricated devices, which are equally as effective as custom devices. No payer identified a national program operating need for codes for custom finger othrotics. Use existing code L3932.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.